

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Chen et al.

Serial No.: 10/046,622 Group Art Unit No.: 1621

Filed: January 10, 2002 Examiner: Shailendra Kumar

For: SUBSTITUTED AMINE DERIVATIVES AND METHODS OF USE

Docket No.: A-737A

AMENDMENT UNDER 37 CFR 1.121

Commissioner for Patents
P.O. 1450
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action dated June 25, 2004, rejecting Claims 1, 4-5, 10-11 and 35-43 of the above-identified application, reconsideration and withdrawal of the outstanding rejections are respectfully requested. Applicants amend the subject application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 30 of this paper.

EXPRESS MAIL CERTIFICATE

*Express Mail® mail labeling number: EV351336792US Date of Deposit: August 30, 2004

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Joyce Vogel

Printed Name

Signature

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER				Attorney's Docket No: A-737A	O I P E AUG 30 2004 P A T E N T & T R A D E M A R K O F F I C E S C T ' 0 2	
Serial No. 10/046,622	Filing Date January 10, 2002	Examiner Shailendra Kumar	Group Art Unit 1621			
In Re Application of Chen et al.						
For SUBSTITUTED AMINE DERIVATIVES AND METHODS OF USE						
TO THE COMMISSIONER FOR PATENTS:						
<input type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$420.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) 						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	18	Minus	109 =	0	x \$18	= \$ 0.00
Indep. Claims	5	Minus	5 =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
				Total Additional Fee for this Amendment	\$0.00	
<small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</small>						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <ul style="list-style-type: none"> <input type="checkbox"/> Other: _____ 						
Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ <u>0.00</u> . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.						
<u>Joseph W. Bulock</u> Joseph W. Bulock Attorney/Agent for Applicant(s) Registration No.: 37,103 Phone: (805) 447-7966 Date: August 30, 2004						

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Joyce Vogel

Printed Name

Signature